WE STRONGLY SUGGEST THAT YOU CAREFULLY REVIEW THE INSTRUCTIONS BEFORE ENTERING ANY INFORMATION.

**Questions about the submission of applications can be directed to
Shakia Williams at (609) 984-2631 or at shakia.williams@oshe.nj.gov**

The EOF Graduate GRANT application is an online form. In order to submit a graduate grant application for a student, the form must be completed properly. The completed application must be sent back to the OSHE/EOF Office by the identified deadline. Incomplete and late applications will not be accepted.

Graduate Grant Application Deadlines:

Fall & Spring Semester Graduate Grant Applications* September 30, 2020
Spring Only Graduate Grant Applications* February 1, 2021
(* = Late & Incomplete Applications will not be accepted.)

GENERAL INSTRUCTIONS:

All requests for EOF graduate grants must adhere to EOF Regulations N.J.A.C. 9A:11-3.1 through 3.6.
If a student did not receive EOF as an undergraduate, evidence of historical poverty as outlined in N.J.A.C. 9A:11-2.2(b) 1-5 and any other documentation that would have qualified the student to be eligible for EOF must be maintained in the institution's files and made available to OSHE/EOF upon request.

If your institution does not use credits to determine full-time enrollment status, please provide an explanation of the method used by sending an e-mail to Shakia Williams.

All questions must be completed before the application will be considered complete.

If a value is zero, please indicate $0.

The EOF Graduate Grant being requested must not exceed the remaining need, nor may it exceed the maximum grant allowed for your sector as shown in the table below.

EOF Graduate Grant Amounts

	Semester Minimum	Semester Maximum	Annual Maximum
State Colleges & Universities	$100	$1,225	$2,450
Independent Colleges & Universities	$100	$1,500	$3,000
Public Research Universities	$100	$1,500	$3,000
Bio-Medical & Health Sciences Schools	$100	$2,250	$4,500

The minimum graduate grant award a student may receive is $200 for the academic year.

INSTITUTION: Please select from the drop-down menu.

RUTGERS GRAD SCHOOL: If the student is attending Rutgers, please select the appropriate graduate school from the drop-down menu.

FIRST, MIDDLE, LAST NAME: Enter student's name.

NJHESAA ID#: The NJHESAA ID is a unique number assigned to each student as an identifier instead of using a student's social security number. This number can be found on the New Jersey Financial Aid Management System (NJFAMS).

CURRENT ADDRESS, CITY, STATE, ZIP CODE, PHONE, EMAIL: Provide student's current contact information.

LENGTH OF NJ RESIDENCY: Please provide the number of years and months the student has been a NJ resident. Enter the information in the following format: XX years and YY months. Example: If a student has been a NJ resident for 12 years and 9 months, you will enter "Length of NJ residency (# of years) = 12", "Length of NJ residency (# of months) = 9". If a student has only been a resident of NJ for less than a full 12 months prior to the start of the Fall term, then they are ineligible.

GENDER: Please select an option from the drop-down menu.

RACE: Please select an option from the drop-down menu.

SEMESTER(S) OF AY 20-21 ATTENDANCE: Please select an option from the drop-down menu.

DID STUDENT RECEIVE EOF AS AN UNDERGRADUATE? Please select YES or NO from the drop-down menu.

IF YES, UNDERGRADUATE SCHOOL: If the student did receive undergraduate EOF, please indicate at which institution.

UNDERGRADUATE MAJOR: Enter the student's undergraduate major

DATE OF UNDERGRADUATE GRADUATION: Enter the month and year of the student's undergraduate graduation. Enter the information in the following format: mm/dd/yyyy.

WHAT DEGREE LEVEL IS THE STUDENT SEEKING EOF FUNDING SUPPORT FOR? Select the appropriate degree level: Master's or Doctorate

DID THE STUDENT PREVIOUSLY RECEIVE A GRADUATE DEGREE? Select Yes or No.

IF THE STUDENT PREVIOUSLY EARN A GRADUATE DEGREE, PLEASE INDICATE THE TYPE OF DEGREE RECEIVED? (i.e. MS, MPH, MBA, MFA, Ph.D., M.D., J.D., Psy.D., Ed.D., etc.)

IF THE STUDENT PREVIOUSLY RECEIVED A GRADUATE DEGREE, PLEASE INDICATE THE NAME OF THE GRADUATE INSTITUTION: Enter the full name of the institution (i.e. XYZ University)

DID THE STUDENT PREVIOUSLY RECEIVED AN EOF GRADUATE GRANT? Select YES or NO.

IF YES, # OF PREVIOUS SEMESTERS: Please indicate the number of semesters the student has previously received the EOF graduate grant.

IF PREVIOUSLY RECEIVED, SEMESTER OF FIRST PAYMENT RECEIVED: If the student previously received the EOF graduate grant, enter the semester and year the student received his/her first EOF graduate grant payment. (i.e. Fall 20XX or Spring 20XX).

CURRENT GRADUATE DEPARTMENT: Enter the student's current graduate department.

CURRENT DEGREE PROGRAM: Enter degree program in which the student is currently enrolled.

 # OF CREDITS REQUIRED FOR DEGREE: Enter the number of credits required to complete the degree.

 # OF CREDITS REQUIRED FOR FULL-TIME STATUS: Enter the number of credits the institution requires for full-time enrollment status.

FALL ENROLLMENT - # OF CREDITS: Enter the number of credits the student is enrolled for the fall semester.

SPRING ENROLLMENT - # OF CREDITS: Enter the number of credits the student is enrolled for the spring semester.

 # CUMULATIVE CREDITS EARNED TO DATE: Enter the cumulative number of credits the student has earned towards the graduate degree.

CUMULATIVE GRADUATE GPA: Provide the student's cumulative graduate GPA

EXPECTED DATE OF COMPLETION/GRADUATION: Provide the expected date the student will graduate.

STUDENT (AND SPOUSE) GROSS INCOME for 2018: Enter the gross income for 2018 for the student (if single) or the combined gross income for the student and their spouse (if married).

SOURCES OF INCOME: Select the source of the student/spouse income indicated above from the drop-down menu (Earnings, Social Security, Welfare, Veteran Benefits, Disability, Unemployment, Pensions, Other). If an item is "0" (zero), then please put this amount on the form.

TOTAL ASSETS ($): Total Assets cannot exceed 20% of the EOF Income Eligibility Scale.

EOF Income Eligibility Scale: http://www.state.nj.us/highereducation/EOF/EOF_Eligibility.shtml

Assets include the following: Student Cash/Savings/Checking; Student Investments; Adjusted Student Business/Investment Farm. Information must be verified via student's tax information.

To calculate the Adjusted Student Business/Investment Farm, EOF calculates:
- 40% of net worth if it is between $1 and $130,000;
- $52,000 + 50% of the net worth over $130,000 if it is between $130,001 and $385,000;
- $179,500 + 60% of the net worth over $385,000 if it is between $385,001 and $640,000;
- $332,000 + 100% of the net worth over $640,000 if it is over $640,001.

HOUSEHOLD SIZE: Enter the total number of individuals, including head of household, who receive more than 50% of their support from the income reported above.

DOES THIS STUDENT OWE A REFUND ON ANY GRANT OR SCHOLARSHIP? Indicate if a refund is owed on any state or federal grant/scholarship. Select yes or no from the drop-down menu.

IS THIS STUDENT IN DEFAULT ON ANY LOAN? Select yes or no from the drop-down menu.

IF YES, HAS STUDENT MADE ARRANGEMENTS TO REPAY? Enter yes or no.

CURRENT GRADUATE PROGRAM COSTS

TOTAL COST OF ATTENDANCE (INCLUDING TUITION, FEES, & OTHER EDUCATIONAL EXPENSES ASSOCIATED WITH TOTAL COST OF ATTENDANCE): Please provide the student's full cost of attendance (including tuition, fees, room, board, commuting costs, etc.) for the academic year. If the student is only attending for one semester, please only indicate the cost of attendance for that term.

CURRENT STUDENT FINANCIAL AID AWARD INFORMATION

STUDENT'S CONTRIBUTION: Please provide the student's monetary contribution for the academic year. If the student is only attending for one semester, please only indicate the student's contribution for that term.

STAFFORD LOAN: Please indicate the value of a Stafford loan the student may be receiving for the academic year or the semester of attendance if only attending one semester.

OTHER LOAN(S): Please indicate the value of any other loan(s) the student may be receiving for the academic year or the semester of attendance if only attending one semester.

INSTITUTIONAL FINANCIAL AID (COLLEGE WORK STUDY (CWS), ASSISTANTSHIP, ETC). Please provide the value of any institutional aid (CWS, assistantships, grants, scholarships, etc.) the student may be receiving for the academic year or the semester of attendance if only attending one semester.

OTHER GRANTS/SCHOLARSHIPS/FELLOWSHIPS: Please provide the value of any other grants/scholarships/fellowships the student may be receiving for the academic year or the semester of attendance if only attending one semester.

REMAINING NEED: This field will be automatically calculated (i.e. total cost of attendance - the total financial aid available). The remaining need total must demonstrate a balance to qualify for EOF funding consideration.

*EOF FALL SEMESTER REQUEST: Enter the amount of the EOF Graduate Grant you are requesting for the fall semester.

*EOF SPRING SEMESTER REQUEST: Enter the amount of the EOF Graduate Grant you are requesting for the spring semester.

*TOTAL EOF GRADUATE REQUEST: Enter the amount of the total EOF Graduate Grant you are requesting for both semesters.

*NOTE: The amount of the EOF graduate grant request cannot exceed the applicant's remaining need or the maximum allowable grant for your sector of higher education.

EMAIL COMPLETED APPLICATONS TO: Shakia Williams at shakia.williams@oshe.nj.gov and to your EOF program liaison. A copy of the EOF program liaison assignments can be found via the following link:

https://www.nj.gov/highereducation/EOF/EOFBudgetForms/FY20Contracts/EOFProgramLiaisonAssignements2019-2020.pdf